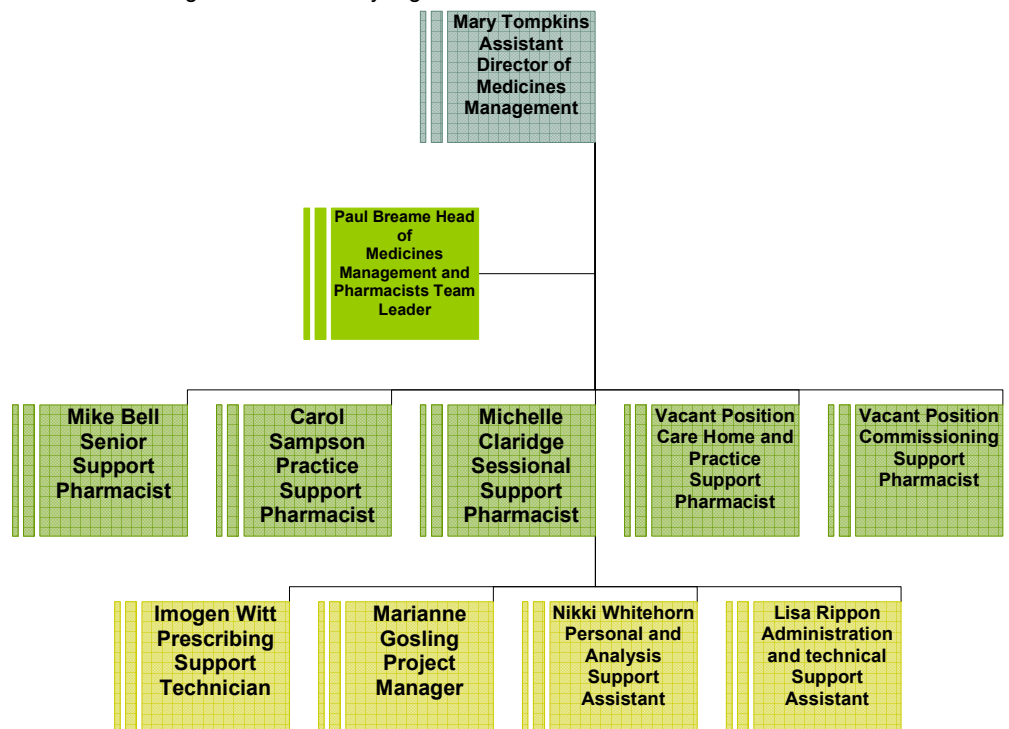


Script, Bits and Bytes

Medicines Management Team

This is the first issue of a newsletter from the North East Essex Medicines Management team. We hope to bring you regular updates in the future and feedback will be welcomed.

Medicines management is currently organised as follows:



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METHOTREXATE

We would like to remind prescribers it is PCT policy that Methotrexate should only be prescribe in multiples of the 2.5mg tablets to help avoid errors in dosing.

Clamelle to be available OTC

The Medicines and Health-care Products Regulatory Agency (MRHA) has given approval for a medicine to be made available from a pharmacist without a doctors' prescription to treat Chlamydia. The Azithromycin pill, which will be called "Clamelle", will be available to buy by people 16 years and over if they have tested positive for the infection and have no symptoms, and for

their sexual partners.

Dr June Raine, Director of Vigilance and Risk Management of Medicines at the MRHA said, "the MRHA is keen to support the availability of more medicines over the counter (OTC), where it is safe to do so, and we wish to move on to new areas such as prevention and chronic disease management. We know many pharmacists are ready

for this too. Making this medicine available from a pharmacy is a real example of how we are progressing, and enabling people to play an active role in taking charge of their own healthcare". The medicine is expected to hit the shelves later this year. Locally 15 - 24 year olds can receive FREE Chlamydia treatment as part as part of the National Chlamydia Screening Program.

**ASTROPUs are not
“celestial bowel
movements”**

An Interlude on ASTROPUs

We hear that some folk know what ASTROPUs are, and, understandably, that some do not. They are not, as one GP memorably suggested, celestial bowel movements. They are Age Sex and Temporary Resident Originated Prescribing Units. They reflect the demographic composition of a practice list so that due allowance is made for the different prescribing of different sections of the population. For example, the prescribing requirement for the average young woman is lower than those of an average elderly man. Young women are therefore worth fewer ASTROPUs than elderly men. Shifting populations are allowed for by the Temporary Resident parameter. The number of ASTROPUs made up by the practice list and its demographic is used to calculate as fairly as possible the prescribing budget for a practice. There are other types of prescribing units, STAR and standard, and there is a full explanation on the Prescribing Support Unit (PSU) website www.ic.nhs.uk/our-services/prescribing-support-unit/measures If you would like a short and simple explanation of prescribing measures in the next issue let us know.

Toxic metals in Ayurvedic remedies

Popular Indian herbal medicines sold over the internet may contain harmful levels of poisonous toxic metals. The Guardian reports. Laboratory tests on Ayurvedic remedies found that up to one in five of them contained dangerous amounts of lead, arsenic and mercury, which “can lead to acute poisoning”. Ayurvedic remedies are used to treat a variety of ailments

HPV Vaccine

The routine vaccination program for HPV started for 12 - 13 year olds on September 1st 2008. 17 - 18 year olds will also be offered the vaccine in 2008 and 14 - 16 year will be in the 2009 - 11 cohorts. The vaccine will be given primarily through schools and sixth for colleges and practices will receive information on vaccines given to their patients for incorporation into their notes. The vaccine being purchased through the DH is Cervarix. Practices are advised not to prescribe or administer HPV (Gardasil or Cervarix) outside the DH 08/09 programme. The PCT advice is that any vaccines requests outside the programme should be declined. GPs should be aware that the vaccines are not licensed for use outside of the programme and they should not write a private prescription for a patient within their own practice. Any private prescription must be issued by another practice or a private provider. For anymore information on HPV please see the NEEPCT policy.

Electronic Prescribing Service (EPS) Update

It is important in preparation for Release 2, that EPS is tested end to end. This requires GP practices to generate bar coded prescriptions for pharmacies to process. This means that smartcards need to be used during consultations and when prescriptions are being processed. Pharmacies should process electronically all bar-coded prescriptions as and when presented. If your practice has been made business live, but there are issues preventing you from generating electronic prescriptions please contact Yvonne Benstead at the PCT on 01206 286919

Introducing Release 2

Release 2 will provide enhanced functionality for uses which will deliver tangible benefits for patients, prescribers, dispensers and their staff.

Main benefits for patients:

- Reduction in visits to the GP
- Freedom of choice of which dispensing pharmacy is used
- Reduce pharmacy waiting times as opportunity to prepare in prescriptions in advance

Main benefits for prescribing staff:

- Sign prescriptions electronically, making the process more efficient
- Reduction in workload generated by patients collecting prescriptions
- Easier to use repeat dispensing



Drug Safety Update Fentanyl Patches

The MRHA have received reports of unintentional overdose of Fentanyl due to dosing errors, accidental exposure and exposure of the patch to a heat source. Fentanyl is a potent opioid analgesic and should only be used in patients who have previously tolerated opioids.

Fentanyl patches are licensed for the management of malignant and non-malignant chronic intractable pain. The reports provide some evidence of inappropriate prescribing of Fentanyl patches in opioid naïve patients and some unlicensed prescribing.

Fentanyl is a potent opioid analgesic - a 25mcg per hour Fentanyl patch equates to daily doses of oral morphine of up to 90mg.

Advice for healthcare professionals:

• Healthcare professionals, particularly those who prescribe and dispense Fentanyl patches, must fully inform patients and caregivers about directions for safe use:

- follow the prescribed dose
- follow the correct frequency of patch application
- ensure that old patches are removed before applying a new one
- patches must not be cut
- avoid touching the adhesive side of patches and wash hands after application
- follow instructions for safe storage and disposal of used or un-needed patches

This information is given in the SPC for prescribers and in the package insert for patients

- Increased body temperature, exposure of patches to external heat sources, and concomitant use of CYP3A4 inhibitors may lead to potentially dangerous rises in serum Fentanyl levels. Concomitant use of other CNS depressants might also potentiate adverse effects from Fentanyl
- Healthcare professionals particularly those who prescribe and dispense Fentanyl patches, should ensure that patients and caregivers are aware of the signs and symptoms of Fentanyl overdose - i.e. trouble breathing or shallow breathing; tiredness, extreme sleepiness or sedation; inability to think, walk or talk normally; and feeling faint, dizzy or confused. Patients and caregivers should be advised to seek medical attention immediately if overdose is suspected.
- Patients who experience serious adverse events should have the patches removed immediately and should be monitored for up to 24 hours after patch removal.

**The new NICE Guidelines
Respiratory Tract Infections– Antibiotic Prescribing
Are now available from the medicines management team or
online at www.nice.org.uk/Guidance/Topic**

Coversyl / Perindopril arginine

PCT Recommendation

- Do **NOT** switch patients from generic perindopril erbumine to perindopril arginine (no need to alter prescriptions currently written as generic perindopril).
- Patients currently prescribed branded Coversyl **should** be switched to the cost effective generic version **perindopril erbumine**
- Patients currently prescribed Coversyl Plus (perindopril 4mg / indapamide 1.25mg) **should** be prescribed **either** perindopril erbumine 4mg daily plus an appropriate diuretic as a separate compound or Coversyl arginine plus.

It is likely that the current price of the generic perindopril will decrease further as more generic companies enter the market

**New Drug For
Women
Damitol
Take 2 and the rest of
the world can go to
hell for up to 8 hours**



NEEPCT

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Turner Road
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Prescribing medicines is the most common health intervention undertaken by the NHS and significant amounts of NHS funds are committed to this area. It is important that appropriate controls are in place to ensure that good value is achieved. The Medicines Management team work toward this goal whilst also helping to ensure acceptable standards of appropriateness, efficacy and risk management are achieved within the framework of clinical governance and in the use of medicines.

Find us at
www.northeastessexpct.nhs.uk

Glucosamine and Chondroitin products NICE advises NOT to prescribe
NICE clinical guideline Osteoarthritis, Feb 08 does NOT recommend prescribing of Glucosamine or Chondroitin products.

Seven Day Prescriptions

The PCT does not encourage the provision of 7 day prescriptions solely for the purpose of supporting MDS supply:

1. If issuing scripts in this way is purely to generate extra fees
2. Without clinical need
3. As the additional work involved may be seen as diverting funds from other NHS services

Community pharmacists now have an obligation to make an assessment of a patient's needs under the Disability Discrimination Act (DDA) and to provide the appropriate aid to those who, in the professional opinion of the pharmacist, require such an aid. However, the aid provided does not need to be a Monitored Dosage System tray. Community Pharmacists are paid a practice payment, which includes a contribution towards provision of auxiliary aids (including MDS) for people eligible under the DDA, which should be provided free of charge to the patient. There is therefore no need to provide 7 - day prescriptions to 'pay for' this service.

The contractor is under no contractual obligation, whatsoever, to supply compliance support or to make other adjustments to their services for patients who are not covered by the requirements of the DDA.

The following information may also be useful to you deciding an appropriate course of action: If a prescription for 28 days is provided there is no obligation to supply the medication in 7 day quantities at 7 day intervals (including where the patient is DDA qualified), it is perfectly reasonable to supply 4 x 7 day MDS trays in the case. If the patient is unable to handle more than 7 days treatment at one the prescriber needs to consider the clinical risk involved. Also, when a 28 day prescription is supplied in MDS (because of the assessment of the pharmacist to meet the requirements of the DDA) and the treatment is subsequently changed, then a complete new prescription is needed, as there is no obligation on the pharmacy to open and repackage an MDS unit which has already been dispensed.

The new NICE Guidelines
Macular Degeneration (age related) – Ranibizumab and Pegaptanib
Are now available from the medicines management team or online at
www.nice.org.uk/Guidance/Topic

Bytes

Useful links for you:

www.nice.org.uk - full content of published guidelines as well as those in the pipeline

http://www.epact.ppa.nhs.uk/ppa/drug_tariff_guidance.htm - Drug Tariff online

www.atod.org - Virtual Clearinghouse on Alcohol, Tobacco, and other drugs - useful documents on substance misuse, but doesn't include UK National Treatment Agency or many Us organisations

